



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total No. of Pages in this Submission: 7

Application Number	<b>10/555,921</b>	
Confirmation Number		
Filing Date	<b>with an effective filing date of May 26, 2004</b>	
First Named Inventor	<b>Frederick Leslie BROWN</b>	
Group Art Unit	<b>3611</b>	
Examiner Name	<b>Maurice L. Williams</b>	<b>Fax: (571) 273-8300</b>

Attorney Docket Number **CUNANT 1716US**

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$470.00	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i> <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> Request for Continued Examination - 1pg Postcard
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		

### REMARKS

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
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Signature		
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Date	December 4, 2008	
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### CERTIFICATE OF MAILING

I hereby certify that this correspondence is deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on December 4, 2008.

Signature		
	Date: December 4, 2008 (amp)	

DEC 08 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2008**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT:** \$470.00

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description Small Entity Fee (\$)  
Each claim over 20 (including Reissues) 52 26

Each independent claim over 3 (including Reissues) 220 110

Multiple dependent claims 390 195

<u>Total Claims -20 or HP =</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	x	<u>\$52/\$26</u>	=			
<u>Indep. Claims -3 or HP +</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
	x	<u>\$220/\$110</u>	=			

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets -100 =</u>	<u>Extra Sheets / 50 =</u>	<u>No. of each additional 50 or fraction thereof (round up to a whole number) x</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
			<u>\$270/\$135</u>	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

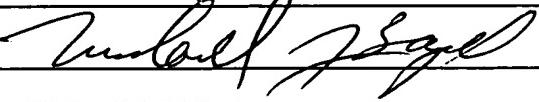
Other (e.g., late filing surcharge): Request for Continued Examination

\$405.00

Petition for Extension of Time

\$65.00

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 4, 2008

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DEC 08 2008

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

FEE TRANSMITTAL  
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$470.00

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit10/555,921  
with an effective filing date of  
May 26, 2004  
Frederick Leslie BROWN  
Maurice L. Williams  
3611

Attorney Docket No.

CUNANT 1716US

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
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## 2. EXCESS CLAIM FEES

Fee Description  Small Entity  Fee (\$)Each claim over 20 (including Reissues)  Fee (\$)  
52  Small Entity  
26Each independent claim over 3 (including Reissues)  Fee (\$)  
220  Small Entity  
110Multiple dependent claims  Fee (\$)  
390  Small Entity  
195

Total Claims -20 or HP =	Extra Claims	Fee (\$)	=	Fee Paid (\$)	Multiple Dependent Claims Fee (\$)	Fee Paid (\$)
		\$52/\$26				
Indep. Claims -3 or HP +	Extra Claims	Fee (\$)	=	Fee Paid (\$)		
		\$220/\$110				

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

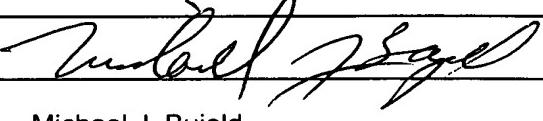
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 =  Extra Sheets  No. of each additional 50 or fraction thereof  
/ 50 =  (round up to a whole number) x  Fee (\$)  
\$270/\$135 =  Fee Paid (\$)

## 4. OTHER FEE(S)

Non-English Specification,  \$130 fee (no small entity discount)  Fees Paid (\$)Other (e.g., late filing surcharge): Request for Continued Examination  \$405.00Petition for Extension of Time  \$65.00

## SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: December 4, 2008